

Name
in
Full

Lucindy Holly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

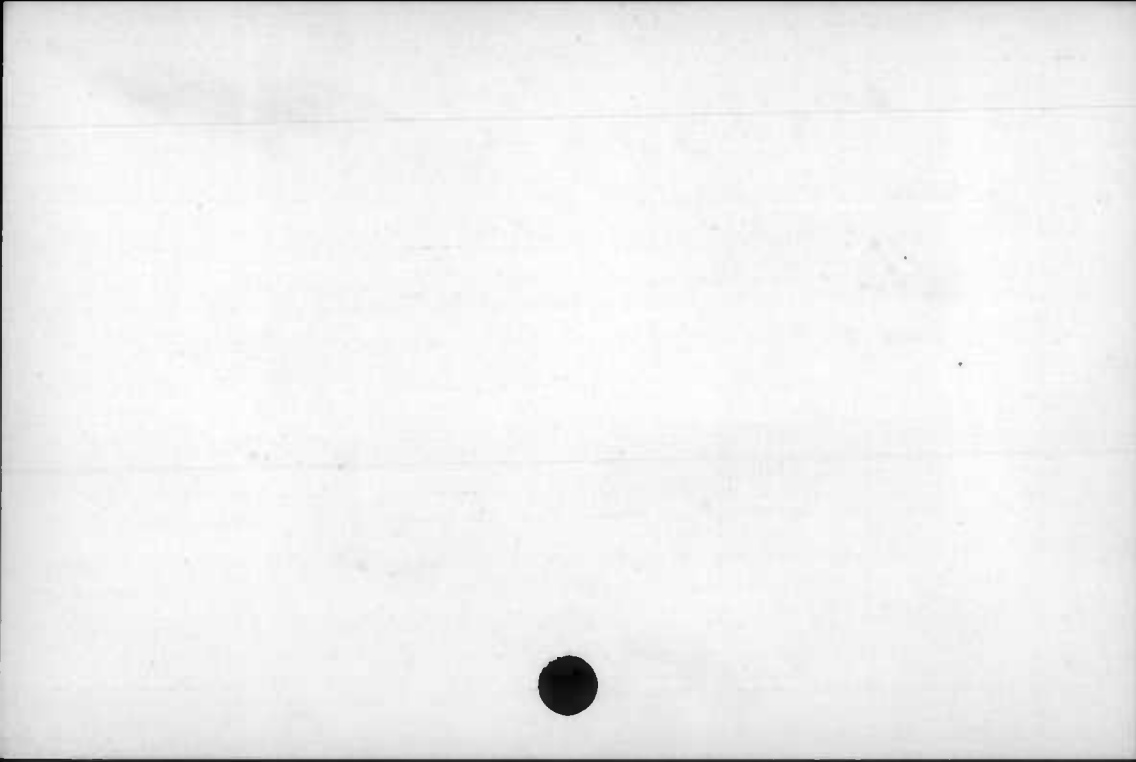
Died at <i>Redgate</i> Town		<i>St. Mary's</i> County		MARYLAND	
Date of death	<i>1900</i> Year	<i>Feb</i> Month	<i>27</i> Day	Age <i>21</i> Years	Months _____ Days _____
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>St Marys</i>			
Occupation <i>Cook</i>	Where Residing if not at place of death _____				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband _____				
Father's Name <i>Jack Holly</i>	Father's Birthplace <i>St Marys</i>				
Mother's Maiden Name <i>Georgiana Holly</i>	Mother's Birthplace <i>St Marys</i>				
Name of person giving information <i>Further Jack Holly</i>	How related to deceased <i>Further</i>				

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary <i>Pertussis</i>	How long <i>5 weeks</i>
Immediate <i>Convulsion</i>	How long <i>10 mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. F. Greenwell</i>
	Address <i>Leonardtown, Md</i>
Accident or Suicide? _____	



Name
in
Full

Samuel Edward Francis Jacobre

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Abell</u> ^{Town}		<u>St. Mary's</u> ^{County}		AND <u> </u>	
Date of death <u>1980</u>	Month <u>2</u>	Day <u>22</u>	Age <u> </u>	Years <u> </u>	Days <u>5</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>ind</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u> </u>			
Father's Name <u>James Jacobre</u>			Father's Birthplace <u>ind</u>		
Mother's Maiden Name <u>Minnie Elizabeth Roden</u>			Mother's Birthplace <u>ind</u>		
Name of person giving information <u>James Jacobre</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <u>Pneumonia with</u> <u>due to smoking</u>	How long <u>5-dgys</u>
Immediate <u>Inability to breathe</u>	How long <u>5-dgys</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Rev. V. Palmer</u>
	Address <u>Palmer</u>
Accident or Suicide? <u> </u>	<u>ind</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Berylla Jones

Town *Pearson* County *St Marys Co* MARYLAND

Died at *Pearson* *St Marys Co*

Date of death 19*80* Month *Feb* Day *12* Age *87* Years *1* Months *4* Days

Sex *Male* Color or Race *White* Birthplace *St Marys Co*

Occupation *Farmer* Where Residing if not at place of death *St Marys Co*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Mary I Sunwall*

Father's Name *Heeury Jones* Father's Birthplace *St Marys Co*

Mother's Maiden Name *Lancey Worthington* Mother's Birthplace *St Marys Co*

Name of person giving Information *Maggie A Jones* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORNER

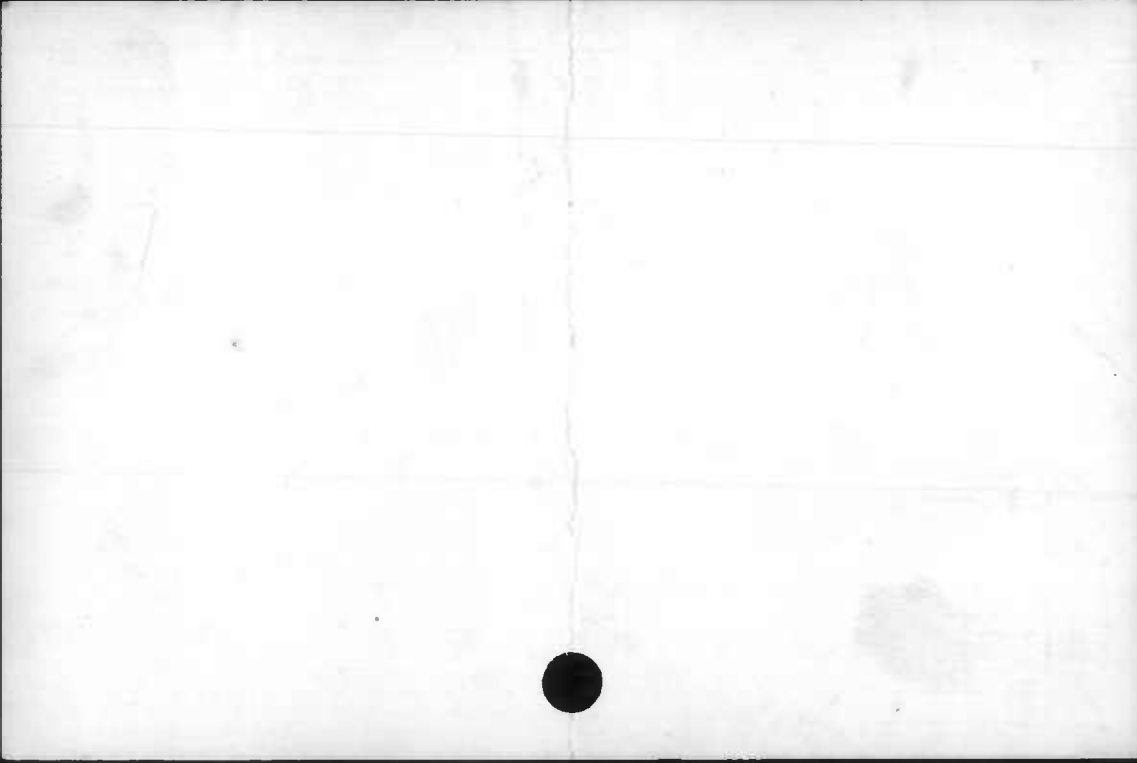
Primary *Infirmities of age* **154** How long *failed*

Immediate *gradually* How long

Are the name, age, sex, color, data and place correctly given above?

Signature of Physician *Henry Richardson* Address *Great Mills Md*

Accident or Suicide *Int Registrar*



Name
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Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mileston</i> Town		<i>St. Mary's</i> County		MARYLAND	
Date of death <i>1900</i>	Month <i>2</i>	Day <i>15</i>	Years <i>74</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>ind</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Jane Cornelia Zathman</i>				
Father's Name <i>James Zathman</i>	Father's Birthplace <i>ind</i>				
Mother's Maiden Name <i>Cornelia Martin</i>	Mother's Birthplace <i>ind</i>				
Name of person giving information <i>Cora Thompson</i>	How related to deceased <i>daughter</i>				

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

Primary <i>Valvular heart disease</i>	How long <i>4 years</i>
Immediate <i>Strangulation of neck</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. V. Palmer</i>
	Address <i>Palmer ind</i>
Accident or Suicide?	



Name
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Full

Louisa Lee

CERTIFICATE OF DEATH

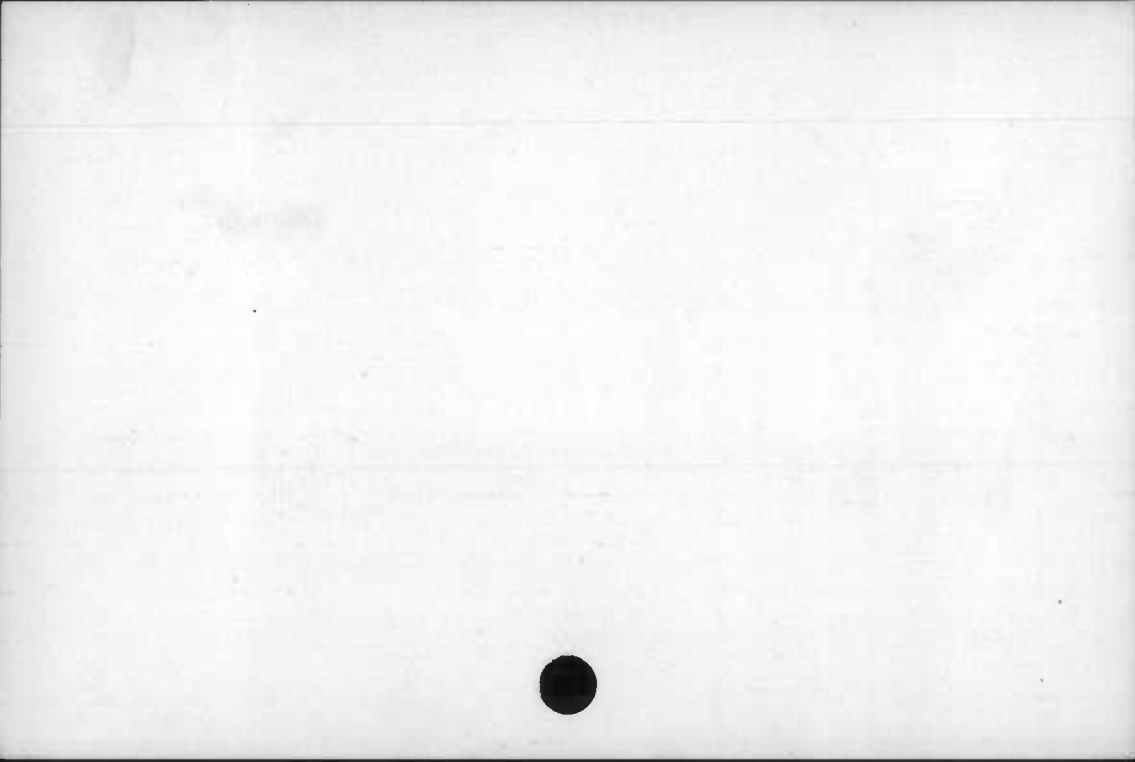
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Leomington</u> ^{Town}		<u>St. Mary's Co.</u> ^{County}		MARYLAND	
Date of death <u>1900</u>	<u>Feb</u> ^{Month}	<u>1</u> ^{Day}	<u>68</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>St. Mary's Co.</u>		
Occupation <u>Midwife</u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Edward Lee</u>				
Father's Name <u>Joseph Bristol</u>			Father's Birthplace <u>St. Mary's Co.</u>		
Mother's Maiden Name <u>Mary Bristol</u>			Mother's Birthplace <u>St. Mary's Co.</u>		
Name of person giving information <u>Edward Lee</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

45

PHYSICIAN OR CORONER	Primary <u>Carcinoma of the Intestinal Glands</u>	How long <u>6 mos.</u>	
	Immediate <u>Exhaustion</u>	How long <u> </u>	
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>G. F. Greenwell</u>	
		Address <u>Leonardtown</u>	
Accident or Suicide? <u> </u>			



Name
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Mary Kathleen Owens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

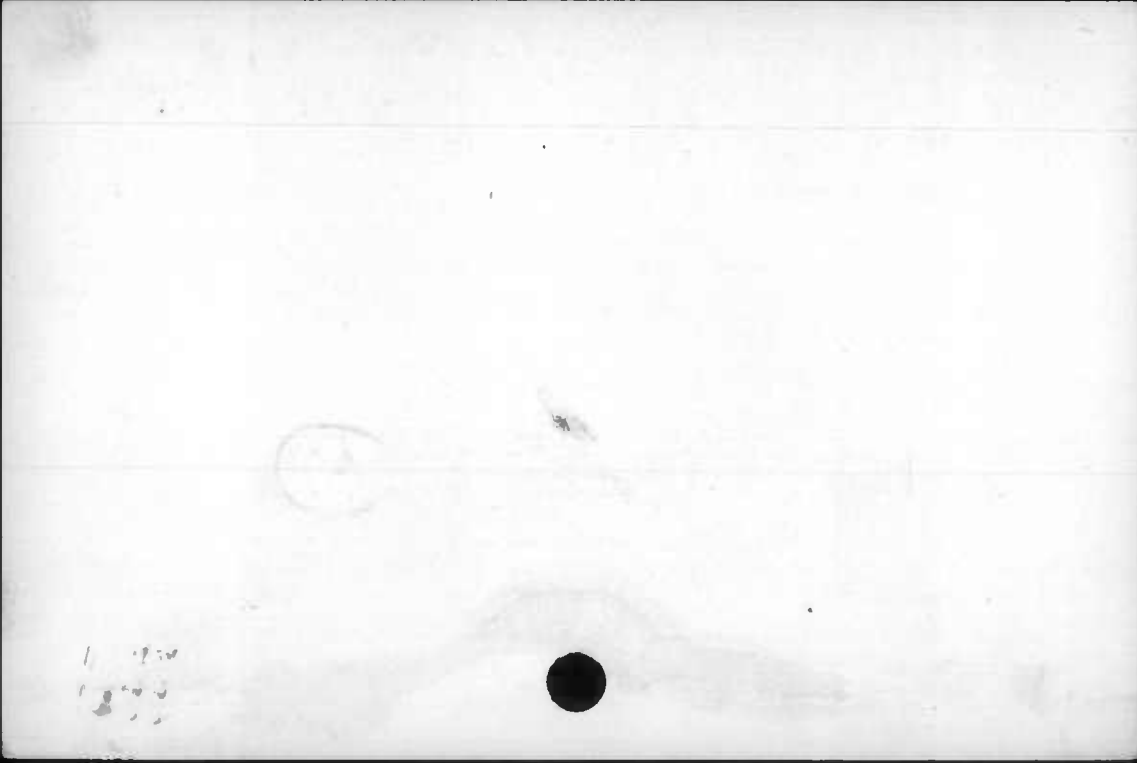
Died at		Town Ringwings		County St. Mary's		MARYLAND	
Date of death 1900		Month 2	Day 9	Age —		Months 2	Days 11
Sex Female		Color or Race white		Birth- place md			
Occupation none				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Willie Owens				Father's Birthplace md			
Mother's Maiden Name Katie Russell				Mother's Birthplace md			
Name of person giving In formation Willie Owens				How related to deceased Father			

CAUSES OF DEATH

63

PHYSICIAN
OR CORONER

Primary	Infantile paralysis	How long	2 mos.
Immediate	Inability to swallow	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		R. H. V. Palmer	
Address		Palmer md	
Accident or Suicide?			



Name
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Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

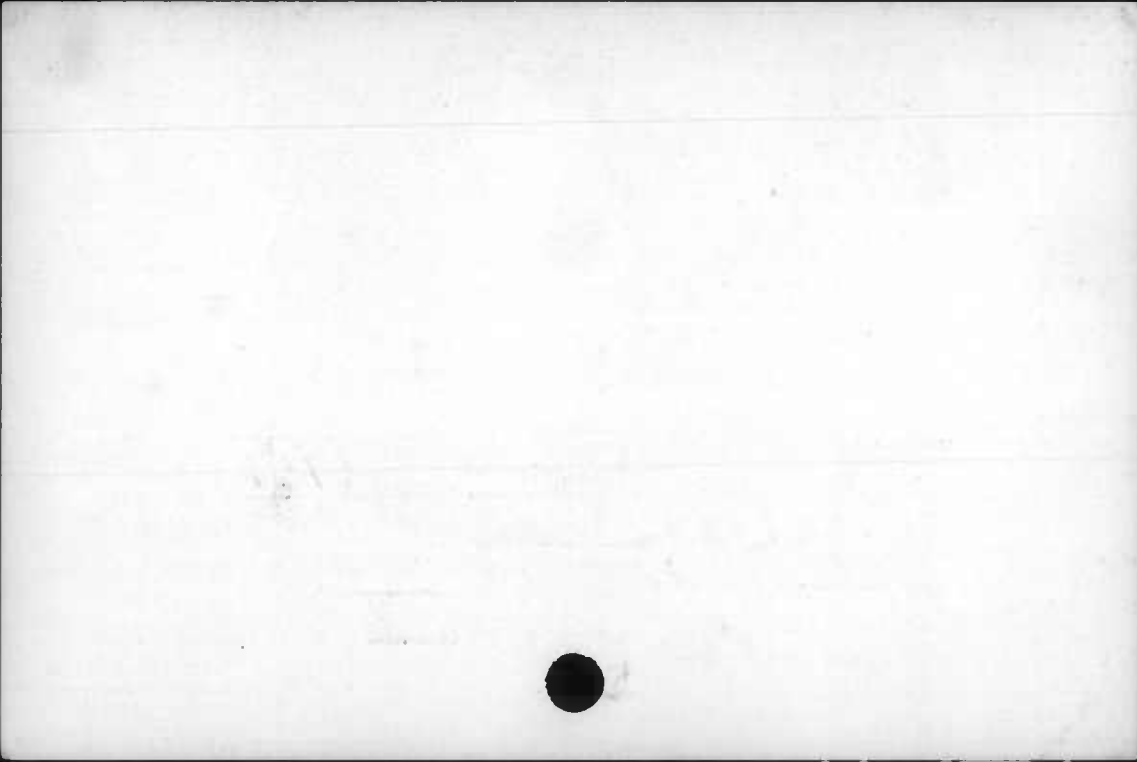
Name in Full <i>May Alice St. Clair</i>		Town <i>Rivings</i>		County <i>St. Marys</i>		MARYLAND	
Died at <i>Rivings</i>		Month <i>2</i>		Day <i>13</i>		Age <i>—</i>	
Date of death <i>1908</i>		Years <i>—</i>		Months <i>1</i>		Days <i>20</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>md</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Joseph St. Clair</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Lidia St. Clair</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Joseph St. Clair</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Perinatal birth</i>	How long <i>7 weeks</i>
Immediate <i>Caused by Phthisis</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Roll V. Palmer</i>
	Address <i>Palmer</i>
Accident or Suicide?	<i>md</i>



Name
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Mary Lucinda St. Clair

CERTIFICATE OF DEATH

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NEAREST FRIEND

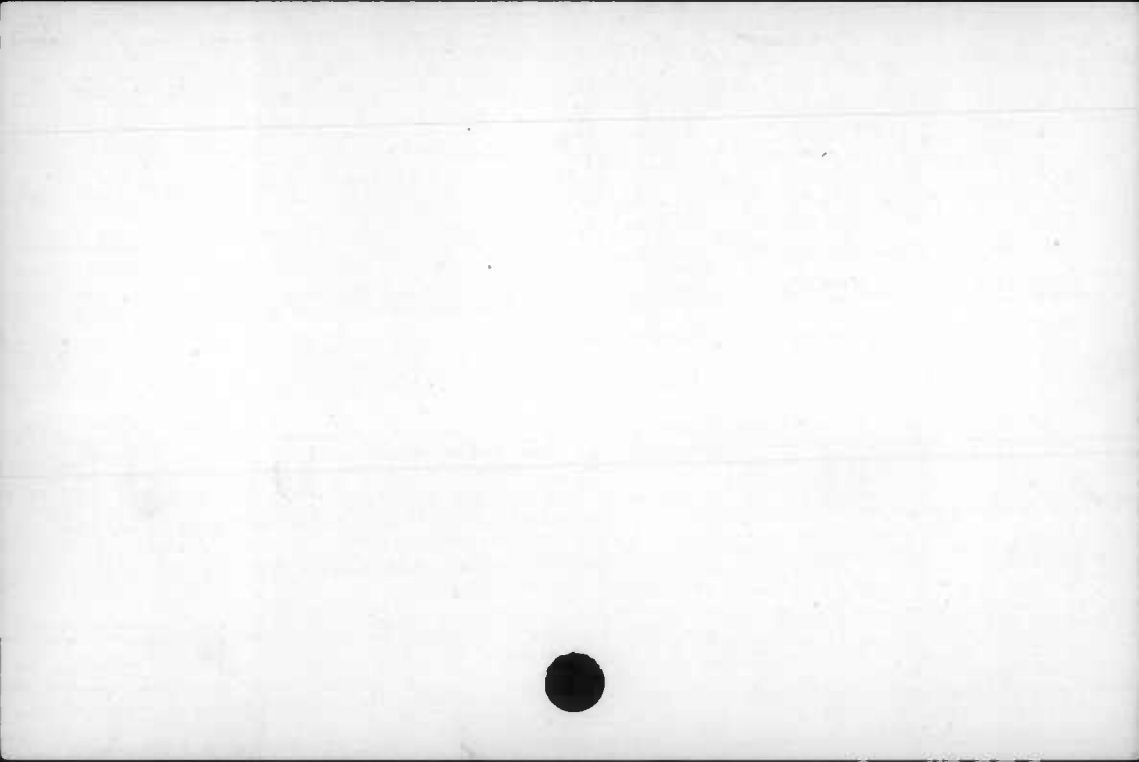
Died at <i>Rivermays</i>		Town		County <i>St. Mary's</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>2</i>	Day <i>18</i>	Age <i>25</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>ind</i>				
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>George St. Clair</i>			Father's Birthplace <i>ind</i>				
Mother's Maiden Name <i>Susan Cherrildine</i>			Mother's Birthplace <i>ind</i>				
Name of person giving information <i>Peter St. Clair</i>			How related to deceased <i>Brother</i>				

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>14 yrs.</i>
Immediate <i>Diphtheria</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. V. Palmer</i>
	Address <i>Palmer</i>
	<i>ind</i>
Accident or Suicide?	



Name
In
Full

Frederick James Wiley

CERTIFICATE OF DEATH

Died at

Pearson

Town

St. Marys

County

MARYLAND

Date

1910 February

Month

Sixth

Day

Age 77

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Maryland.

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Willie Jane Wiley

Father's
Name

John Wiley

Father's
Birthplace

Delaware

Mother's
Maiden Name

Sarah Ann Morrell

Mother's
Birthplace

Pennsylvania

Name of person giving
In formation

Willie Jane Wiley

How related
to deceased

Wife.

CAUSES OF DEATH

Primary

Dysentery and

How long

About a year.

Immediate

Asthma

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

A. L. Hodgdon M.D.

Address

Pearson Post Office,
Maryland.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

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